2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# 678054

Entity Name: FLORIDA RETINA INSTITUTE, JAMES A. STAMAN, M.D.,P.A.

Current Principal Place of Business:

C/O JAMES A STAMAN
2639 OAK ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES A STAMAN
2639 OAK ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2009089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMAN, JAMES A.
2639 OAK ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

FLORIDA RETINA INSTITUTE
2639 OAK ST
JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES A. STAMAN, M.D. 02/21/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STAMAN, JAMES A.,
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: MORENO, RAUL J
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: DUNN, WILLIAM J
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: SULLIVAN, JOHN P.
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: BARNARD, THOMAS A
Address: 2639 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: MAVROFRIDES, ELIAS C
Address: 2639 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A STAMAN PD 02/21/2007
Electronic Signature of Signing Officer or Director Date